

1993 AIR QUALITY STUDY

WORK PUMP SURVEY

Card 2

Name: _____ Participant #: _____

PLEASE ANSWER THESE QUESTIONS AS SOON
AS YOU TURN OFF THE WORK PUMP.

1a. While at work did you wear the pump all the time you were in your work building?

Yes -1 → SKIP TO Q.2 (30)

No -2

1b. For approximately how much time you were away from the pump?

_____ hours _____ minutes (31-34)

1c. Can you please describe the time(s) when you were away from the pump, and/or out of your work building?

1. _____ (35-36)

2. _____ (37-38)

3. _____ (39-40)

4. _____ (41-42)

2. Was the sampler head covered for any period of time?

(43)

Yes -1 → For how long?

_____ hrs _____ min (44-47)

No -2

CONTINUE →

3. Did anything happen to the sampler head or close by the sampler head that might have exaggerated its reading of the air? For instance, did anyone directly spray anything, or blow smoke into, or spill anything on or near the sampler head or pump you were wearing?

Yes -1 → EXPLAIN BELOW (48)

No -2

_____ (49-50)

_____ (51-52)
_____ (53-54)

_____ (55-56)
_____ (57-58)

4. Did the sampler head (the part attached to collar near breathing zone) ever get turned past horizontal?

Yes -1 → EXPLAIN BELOW (59)

No -2

_____ (60-61)

_____ (62-63)

_____ (64-65)
_____ (66-67)

_____ (68-69)

5. Did you or anyone around you do anything during the workday that was very different from your usual activity?

Yes -1 → EXPLAIN BELOW (70)

No -2

_____ (71-72)

_____ (73-74)

_____ (75-76)

_____ (77-78)

_____ (6,7)

79-0
80-2
CARD 3

CONTINUE →

6. Did you keep up with your workplace diary, filling it in hourly?

- | | | |
|--------------------------|----|-----|
| Yes, most or all | -1 | (8) |
| Yes, but not hourly | -2 | |
| No, missing many periods | -3 | |
| No, not at all | -4 | |
- EXPLAIN BELOW

(9, 10)
(11, 12)

(13, 14)

(15, 16)
(17, 18)

7. Had any of the clothes that you wore to work been dry cleaned within the past week or month?

- | | | |
|----------------------------|----|------|
| Yes, in the past week | -1 | (19) |
| Yes, in the past month ... | -2 | |
| No | -3 | |

8. During the workday today, did you experience any of the following climate issues? (CIRCLE ONLY IF "YES".)

- | | | |
|---------------------------------------|----|---------|
| Temperature too warm | 01 | (20-39) |
| Temperature too cold | 02 | |
| Lighting too dim | 03 | |
| Lighting glare problems | 04 | |
| Insufficient ventilation | 05 | |
| Uncomfortable drafts | 06 | |
| Too little air movement (stuffy) | 07 | |
| Air too dry | 08 | |
| Air too humid | 09 | |
| Distracting noise | 10 | |
| Unpleasant odors in the air | 11 | |
| "Stale" air | 12 | |
| Dusty air | 13 | |
| Static electricity shocks | 14 | |

CONTINUE —————→

9. During the workday today, did you experience any of the following symptoms as a result of being at work? (CIRCLE ONLY IF "YES".)

| | |
|----------------------------------|----|
| Excessive mental fatigue | 01 |
| Dry eyes | 02 |
| Irritated, sore eyes | 03 |
| Nervousness/irritability | 04 |
| Unusual tiredness/lethargy | 05 |
| Stuffy/congested nose | 06 |
| Sore/irritated throat | 07 |
| Runny nose | 08 |
| Hoarseness | 09 |
| Dry Skin | 10 |
| Dizziness | 11 |
| Wheezing/chest tightness | 12 |
| Nausea | 13 |
| Skin irritation/rash | 14 |

(40-59)

10. During the workday today, did any of the following cleaning or maintenance procedures take place within 20 feet of your personal workspace?

| | |
|---------------------------------------|----|
| Dusting | 01 |
| Vacuuming | 02 |
| Furniture Polishing | 03 |
| Carpet Cleaning | 04 |
| Window Cleaning | 05 |
| Hardwood/Linoleum Floor Cleaning | 06 |
| Hardwood/Linoleum Floor Waxing | 07 |
| Replace/Move ceiling lights | 08 |
| Replace/Move ceiling tiles | 09 |
| Electrical/Plumbing repair | 10 |
| Moving furniture | 11 |
| Any construction work (DESCRIBE: | |

(60-69)

_____) ... ()

Any other cleaning (DESCRIBE:

_____) ... ()

CONTINUE →

11. During the workday today, how much time did you spend working with each of the following items?

HRS. / MIN.

| | | |
|---|-----------|---------|
| Computer/Word Processor | ____/____ | (70-73) |
| Laser Printer | ____/____ | (74-77) |
| Typewriter | ____/____ | (8-9) |
| Photocopy Machine | ____/____ | (10-13) |
| Paper Shredder | ____/____ | (14-17) |
| Correction Fluid | ____/____ | (18-21) |
| Glue (liquid or solid) | ____/____ | (22-25) |
| Felt-Tip or Other Markers with an odor | ____/____ | (26-29) |
| Other things that have an odor (LIST:) | ____/____ | (30-31) |
| | ____/____ | (32-33) |
| | ____/____ | (34-37) |
| | ____/____ | (38-41) |

b.78
79-0
80-3
CARD 4

- 12a. During the workday today, did you or anyone else burn any candles or incense in your workplace?

Yes -1 → EXPLAIN BELOW (42)
No -2

____ (43-44)
____ (45-46)
____ (47-48)

- 12b. During the workday today, how many cigarettes, pipes and/or cigars were smoked near you (that you saw or smelled) while you were wearing the pump?

| | | |
|--------------------|-------|---------|
| # Cigarettes | _____ | (49-51) |
| # Pipes | _____ | (52-53) |
| # Cigars | _____ | (54-55) |

CONTINUE →

13. While the pump was running, did you or anyone open any windows for ventilation?

Yes —————> How close to your personal workspace?

Within 20 feet -1

(56)

More than 20 feet away -2

No -3

14. During the workday today, how much of the following items do you think you were exposed to?

| | None | A Little | Moderate Amount | A Lot | |
|--|------|-------------|--------------------|----------|------|
| Stuffy and/or stale indoor air . | 0 | 1 | 2 | 3 | (57) |
| Tobacco smoke in the air | 0 | 1 | 2 | 3 | (58) |
| Other smoke (candles, incense, cooking, etc.) | 0 | 1 | 2 | 3 | (59) |
| Auto exhaust fumes | 0 | 1 | 2 | 3 | (60) |
| Other outdoor air pollution | 0 | 1 | 2 | 3 | (61) |

15. Did you experience any problems, of any sort, having to wear the pump?

Yes -1 → EXPLAIN BELOW (62)

No -2

(63-64)

(65-66)

(67-68)

(69-70)

(71-72)

b. 73-78
79-80
81-84
CARD 5

NOTE: IN ORDER TO RECEIVE YOUR GRATUITY, THIS QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY AND RETURNED, ALONG WITH YOUR DIARY, TO THE TEST FACILITY.